



January 24, 2008

Officer in Charge - BRAC
National Naval Medical Center
8901 Rockville Pike
Bethesda, MD 20889

Re: Draft Environmental Impact Statement for Activities to
Implement 2005 Base Realignment and Closure Actions at the
National Naval Medical Center, Bethesda, Maryland.

In accordance with the National Environmental Policy Act (NEPA), the National Institutes of Health (NIH) offers the following comments on the Draft Environmental Impact Statement (EIS) submitted for the proposed activities to implement the 2005 Base Realignment and Closure Actions at the National Naval Medical Center (NNMC) and the establishment of the Walter Reed National Naval Medical Center (WRNNMC).

Overall

NIH commends Navy for preserving the exterior architectural appearance of the WRNNMC installation. It not only preserves the historical features of the facility, but it enhances the symmetry of the exterior elevation, especially from Rockville Pike. NIH recommends that attention be given to establish a similarly attractive appearance from Jones Bridge Road so that patients and visitors identify with the Jones Bridge Road entrances as viable means of entering the installation and not a sort of "back door".

Transportation

Congestion is the principal concern of NIH relative to the proposed action. Whereas NIH recognizes that significant congestion pre-dates the proposed BRAC action, it is essential that the Final EIS capture the true impact resulting from the proposed action. The Draft EIS and supporting transportation study indicate that only one intersection will worsen to the F rating as a result of the BRAC transportation demand. This conclusion seems to assume that commuters will mindlessly continue to follow the existing traffic pattern. In reality, commuters will search for less congested intersections and revise their commuting patterns, so it is extremely likely that several additional intersections will become rated F as a result of this action. By understating the likely environmental consequences of the proposed action, authorities from the State of Maryland and Montgomery County are likely to support transportation projects elsewhere in the state and county that have a higher perceived need. Understating the congestion will not only impact NIH, Suburban Hospital and residents but will create an unintended consequence for DOD. Specifically, this will impact the ability of WRNNMC to recruit and retain high quality personnel and will degrade patient satisfaction. Therefore, the NIH recommendation is that the Final EIS include an analysis of the impact if commuters shift commuting patterns so that the logical intersections are more uniformly

saturated, which is the most likely outcome. Once having done that, it would be logical to quantify the number of intersections that worsen to the F rating.

Parking: From the description provided in the Draft EIS, it appears that WRNNMC would be providing 3 parking spaces for every 4 employees corresponding to a parking ratio of 0.75. In contrast, the NIH provides less than 2 parking spots for every 4 employees in accordance with an agreement with the Maryland-National Park and Planning Commission (M-NCPPC) and the National Capital Planning Commission (NCPC). Furthermore, NCPC is requesting that NIH further reduce its parking ratio to 1 space for every 3 employees for a total ratio of 0.33, to further limit the impacts on local traffic congestion and the added emissions. The NIH recommends that Navy reduce the parking ratio at the proposed WRNNMC to reflect a ratio closer to the one NCPC is requesting of NIH. The reduced parking ratio would also potentially encourage Navy employees to increase the use of mass transportation to access the proposed WRNNMC, therefore reducing traffic in the immediate area of the campus as well as emissions.

Traffic & Site Access: NIH is concerned over the Navy's intent to add the majority of the new traffic to the Rockville Pike entrances, since most of the morning peak traffic comes from the north and therefore turns left. The left turns cue up traffic as commuters await the limited duration left turn signal. NIH suggests that the Navy encourage the expanded use of entrances on Jones Bridge Road; whereby commuters can take Connecticut Avenue, turn right on Jones Bridge and right again into WRNNMC. The entrances along Jones Bridge Road are also unaffected by helicopter operations. Other solutions we recommend WRNNMC consider are listed below:

- Provide vehicle drop-off and/or pick-up passengers without the car entering the base. Currently, vehicles park and idle in nearby neighborhoods while waiting for people to walk off the base. This drop-off point should be located near a gate that can handle pedestrian access.
- Arrange for a police presence at key intersections during peak hours, optimizing signalization, adding shared turn and through lanes, fixing worn intersections, cooperating on ongoing studies.
- Construct better sidewalks on the north side of Jones Bridge Road and funneling pedestrian traffic to that side of the roadway.
- Further encourage staff and visitors to utilize public transportation to access WRNNMC. DOD should ensure that the WRNNMC shuttle connecting the Metro with the campus offers predictable and frequent service. NIH noted a dramatic increase in mass transit ridership when it added its campus shuttle. Consider operating fringe parking lots with shuttle service, similar to the NIH Mid-Pike parking and shuttle service, which is heavily utilized by NIH personnel.
- Recommend that Navy partner with Metro to develop a separate entrance into Metro from the Navy side.

Visitor Access: The Draft EIS does not clearly address the safe and orderly induction of an estimated 1,862 patients and visitors into the installation. From the experience of NIH, visitors who are not clear on the entrance procedures can cause traffic backups. In the case of the proposed WRNNMC, this would lead to overspill onto Rockville Pike and Jones Bridge Road. The NIH has addressed these issues by constructing a centralized NIH visitor's center where all visitors can be processed. The Navy may benefit from following a similar approach as the NIH to receiving visitors. The NIH submits the comment that a more detailed plan, including detailed procedures, should be included in the Final Environmental Impact Statement (FEIS) regarding how the WRNNMC plans to process its estimated patients and visitors each day. Recommend that DOD consider sitting a visitor access gate on Jones Bridge Road. This would encourage the use of Connecticut Road – Jones Bridge Road and would afford DOD to design a facility that would not detract from the historical Rockville Pike view.

Scope of Proposed Federal Action: The Final EIS should connect what is proposed (relocate 2500 additional staff & 460,000 additional outpatient visits/year from WRAMC to NNMC) to what BRAC 2005 law specifies that DoD should do (relocate tertiary care services from WRAMC to NNMC; relocate primary & specialized care services from WRAMC to Ft. Belvoir). Explaining this connection will ensure compliance with NEPA regulation 1502.13 (which requires that an EIS explain the "purpose and need" for the proposed action and its alternatives) and would facilitate a basic understanding of what is proposed and why. This might appear to be a technicality, but it would enhance the linkage between the BRAC language and the EIS language.

Communications: It is recommended that WRNNMC establish a regular community forum comparable to NIH's Community Liaison Council (CLC). In addition, establishment of a management forum involving Navy, NIH and Suburban Hospital facility or planning executives would ensure that inter-campus issues are appropriately aired and timely addressed. Such an executive forum need not meet frequently nor be permanent, but planning & facility issues different from existing forums (Emergency Partnership & TMO forums) and that are beyond the authority of new working groups or community forums. Issues to be addressed are bound to arise during the construction, startup & transition period of something as significant as BRAC.

Helicopter Operations Management: Regardless of any uncertainty that may now exist about how much BRAC would increase Medevac flights into & out of an urban, crowded and noise-sensitive Bethesda area, it would be very affordable and effective for the expanded base to join other military services who already participate in the national and FAA-endorsed "Fly Neighborly" program. This program provides periodic helicopter pilot training, written material, posters & reminders of recommended flight path, noise abatement and safety procedures and has successfully been applied to public, private & military heliports and helipads across the country since the 1980s. Since our research indicates that it's common for military bases in urban areas to participate in the "Fly Neighborly" program means that including this comment does not ask the Navy to break new ground or depart from any "what happens inside the fence stays inside the fence" military tradition.

Cumulative Impacts

Utilities: Page 4-78, Section 4.12.6 (Cumulative Impacts to Utility Infrastructure) states: *"Because the new BRAC projects that add to utility demands at NNMC reduce demands at WRAMC by a like amount, the NNMC projects do not incrementally increase regional demand. Locally, utility providers have indicated that NNMC demands for BRAC can be met; therefore the incremental effects of adding these demands to those of other off-Base projects are not considered to be significant".* NIH requests that more detailed utility information be provided in the cumulative analysis of utility demand impacts. The incremental increase of the WRNNMC in addition to the existing NNMC demand in addition to the demands by NIH have not been analyzed in enough depth to determine that there will be no impact. Because localized brownouts have occurred in the immediate area during the summer months, a more involved study on utility demand impacts should be addressed in the FEIS. The Draft EIS states that there is correspondence between the "local utility providers" and NNMC stating that the future demand can be met. NIH requests that this correspondence be published in the FEIS.

Stormwater Management: The EIS indicates extensive addition of impervious surface on the NNMC which could counter the benefits of the new Montgomery County pond being built on the south side of the National Library of Medicine. The NIH entered into an agreement with the Maryland Department of Environment and Montgomery County to develop the pond as part of an Integrated Stormwater Management Plan. The Navy might also benefit from providing an integrated plan to address stormwater management.

The NIH appreciates the opportunity to comment on the proposed project. If you have any questions regarding these comments, please do not hesitate to contact me at (301) 594-0999.

Sincerely,



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Cc:

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